UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1994/P/L.28
25 January 1994

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1994 session

FOR ACTION

# RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN GEORGIA*

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for a country programme with a duration of three years or less that supports activities in Georgia where a full-length country programme recommendation is under preparation. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

| Country/programme | Amount (United States dollars) | | Duration |
|---|---|---|---|
| | General resources | Supplementary funds | |
| Georgia | 2 000 000 | 2 000 000 | 1994-1995 |

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

# GEORGIA

Basic data (1992 unless otherwise stated)

| | |
|---|---|
| Child population (millions, 0-15 years) | 1.4 |
| U5MR (per 1,000 live births) | 29 |
| IMR (per 1,000 live births) | 25 |
| Underweight (% moderate and severe) | .. |
| Maternal mortality rate (per 100,000 live births) | .. |
| Literacy (% male/female) | .. |
| Primary school enrolment (% net, male/female) | .. |
| Percentage of grade 1 reaching grade 4 | .. |
| Access to safe water (%) | .. |
| Access to health services (%) | .. |
| GNP per capita | $1 640 |

One-year-olds fully immunized against (1991):

| | |
|---|---|
| tuberculosis: | 63 per cent |
| diphtheria/pertussis/tetanus: | 45 per cent |
| measles: | 58 per cent |
| poliomyelitis: | 45 per cent |

Pregnant women immunized against:

| | |
|---|---|
| tetanus: | .. per cent |

## The situation of children and women

1. The ethnic, linguistic and religious differences that divide the peoples of the Caucasus region are at their most complex and acrimonious in the Republic of Georgia. The collapse of the former Soviet Union has lifted the lid on containment of these differences, bringing many of them to the surface. At times, three separate armed conflicts in different parts of the country flare-up simultaneously, scattering refugees, disrupting supply routes and paralysing social services and economic activity. As a result, the 5.4 million Georgians now rely on humanitarian aid for essential drugs and grain for bread - the staple of the diet for many.

2. Georgia's background of conflict is rooted in the country's history at the crossroads of the Caucasus, where some 30 languages are spoken and remnants of migrating tribes claim territory. Ethnic Georgians make up about 69 per cent of the total population. Minorities include ethnic Armenians, Russians, Abkhazians, Adjaris, Greeks, Azeris, South Ossetians, Circassians, Kurds, Chechens, Chan, Ingush and Bat peoples, among others. Long a pawn in the power rivalries of the Persian, Ottoman and Russian empires, Georgia briefly became independent in 1918 only to be attacked by Bolshevik troops and absorbed into the former Soviet Union in 1922. Ethnic concentrations were recognized by creating within Georgia the Autonomous Republics of Abkhazia and Ajaria and the

Autonomous Region of South Ossetia. Even before the restoration of Georgian independence in April 1991, fighting broke out between ethnic Georgians and the South Ossetians, a people related to Iranians, who wished to secede and join their North Ossetian brethren in an adjoining Russian region. There were also clashes between the ethnic Georgians and the Abkhazians, an Islamic Turkic-speaking group on the Black Sea, who declared independence, although they were a minority (17 per cent, compared to 46 per cent ethnic Georgians in the Abkhazia region) in their own land. In September 1993, the Abkhaz launched a major offensive and succeeded in capturing the entire region, provoking the flight of about 150,000 ethnic Georgians in addition to some 100,000 who had already fled as a result of the earlier hostilities. Thus, in a short period of time, the ethnic composition of Abkhazia underwent a dramatic and violent reversal, with ethnic Abkhazians as the new majority and the number of ethnic Georgians reduced to approximately 30,000 from 280,000 in 1991.

3. Simultaneously, in September 1993, Zviad Gamsakhurdia, who was elected President of Georgia in 1991, but was overthrown by a military coup nine months later, returned from exile to his stronghold in the western province of Mingrelia. He immediately launched an armed insurrection against his successor Eduard Shevardnadze, the former Communist Party Secretary of Georgia and Foreign Minister of the Union of Soviet Socialist Republics. This conflict has claimed thousands of lives and injured many people, creating a massive humanitarian crisis in the midst of a collapsing social and economic infrastructure. Periodic cease-fires have never lasted for very long. The erosion of government control and availability of weapons from the former Soviet Union army have fostered instability and the emergence of local strong men and their militias. At different times, and often together, the ports of Poti, Sukhumi and Batumi have been cut off by fighting, interrupting supply lines not only to the Georgian capital, Tbilisi, but also to Armenia and Azerbaijan.

An impoverished economy and lowered living standards

4. Under the centrally planned economy of the former Soviet Union, Georgia produced 90 per cent of the tea and much of the citrus fruit, wine and tobacco for the Union and boasted attractive subtropical resorts on the Black Sea, such as the now-destroyed Abkhazian capital, Sukhumi. Its reputation as a relatively prosperous country of good food and drink, home to enterprising, hospitable people, stands in stark contrast to the present divided land where about 85 per cent of families live at or below the poverty line.

5. The value of the commodities and services considered necessary for a normal standard of living was calculated by the Ministry of Labour and Social Affairs at 200,000 coupons per month in August 1993, when the minimum wage, even after being doubled in the second half of the year, was only 9,200 coupons. For comparison, the monthly salary of the Coordinator of Humanitarian Relief was 52,000 coupons, and the average pay for a worker lucky enough to have a full-time job was 20,000 coupons. (Coupons, an interim currency, were quoted at more than 18,000 to 1 United States dollar in October 1993.) With inflation approaching 2,000 per cent, food prices jumped daily. In June 1993, the monthly cost of ensuring consumption of 2,400 calories a day for an average family was estimated by the Ministry of Health at 98,300 coupons; in July 1993, 196,000 coupons were required. An average family now spends over 70 per cent of

its income on food, more than twice the proportion of four years ago. Controlled rents remain very low, as do utilities, although heating and cooking fuel are scarce and power cuts are frequent. Suppliers of gas and petrol in the other parts of the former Soviet Union demand payment in dollars, driving Georgia deep into debt.

6. The mainstays of the Georgian economy, agriculture (about 37 per cent of the gross national product (GNP)) and light industries (35 per cent of GNP), have been devastated by a combination of internal factors, namely, warfare, political turmoil, lack of fuel and transport and the dismantling of many state farms and enterprises. Externally, they have been undermined by the breakdown of the centrally controlled market system of the former Soviet Union and Georgia's withdrawal from the ruble bloc. Markets for Georgian produce and goods have dwindled; many essential imports are no longer available from traditional suppliers, and the state budgetary deficit exceeds GNP. Government impoverishment and inability to provide essential services, including security, have been matched by a thriving black market and the growth of powerful armed criminal gangs. According to informed estimates, as production fell by more than 60 per cent since 1991, unemployment and underemployment soared, hitting one half of the workforce. Safety net benefits, often based on a low minimum wage, have become totally inadequate.

7. In September 1993, only about 150,000 persons, or 4.8 per cent of the working population, were registered as unemployed. According to the Ministry of Labour, the real figures were at least two to three times higher. This discrepancy is due partly to the difficulty of registering people in areas of conflict. Another reason for low registration is that many people are ashamed to admit that they are unemployed. Furthermore, technically, thousands of workers remain employed, although their enterprises are temporarily closed or working at greatly reduced capacity, while they receive symbolic salaries.

8. Under such harsh conditions, life for the vulnerable groups - young children, single parent and large families, refugees, families of the unemployed, disabled persons and elderly pensioners - is highly precarious. Included in an official estimate, these vulnerable groups comprise 380,000 children under five years of age, 195,000 pregnant and nursing mothers, 119,400 single parents and their children, 380,000 pensioners and 250,000 displaced persons. But today the population-at-large qualifies as vulnerable, with child hunger, food shortages, high food prices and depressed family incomes at the core of the country's deepening emergency.

9. The social security nets for families are no longer adequate to cushion the most severe economic shocks. In September 1993, monthly child allowances for children under six years of age were 50 per cent of the minimum wage, or 4,600 coupons, and one half that for children from 6 to 16 years of age. In addition, a single parent received 60 per cent of the minimum wage per month. Unemployment benefits, which last for one year, included full salary for three months, decreasing progressively to 50 per cent. After a year, the unemployed worker only receives subsidies for staple foods, a benefit also available for persons seeking work for the first time. Women comprise 47 per cent of the workforce, generally earning much less than men in comparable jobs.

Health at risk

10. The people of Georgia have traditionally enjoyed a high standard of health, a factor that probably provided at least a temporary buffer against inadequate diet and lower quality health care services. However, even though national figures are incomplete because of the inaccessibility of much of the country to the central authorities, there is evidence that the health status of children is deteriorating rapidly. Acute respiratory infections (ARI), influenza and pneumonia cause over 40 per cent of infant deaths. Perinatal complications and infections are responsible for more than 30 per cent of all infant deaths. ARI and diarrhoeal diseases together account for over 70 per cent of all cases of infants and children in hospitals. It is likely that the situation in areas of armed conflict is worse than elsewhere. Demoralized staff in an increasingly dysfunctional health system lack sufficient funds and essential medicines to cope with the situation. Moreover, there is little orientation towards primary health care (PHC); health education is almost non-existent and basic preventive care, including immunization, is being neglected. The little government funding available goes primarily to maintaining large inefficient hospitals, which were inherited from the Soviet era. Diarrhoeal diseases are spreading due to breakdowns of antiquated water systems and lack of money and supplies for maintenance, repairs and water treatment. Inadequate technical knowledge on case management of ARI is a problem that needs to be addressed urgently, especially with the increased threat of respiratory problems among displaced children living in crowded and unheated winter accommodations.

11. Immunization service was virtually halted for two years for lack of vaccines and ancillary equipment. As a result, an outbreak of diphtheria occurred in the last quarter of 1993, but enough vaccines arrived in 1993 to immunize newborns and children missed in previous years. However, due to the armed conflicts as well as management and logistical difficulties, coverage for 1993 is expected to be low. Unfamiliarity with western vaccines and the new vaccination schedules that they require compounds the problems, which are being addressed by the United States Agency for International Development (USAID), the international non-governmental organizations (NGOs), Resources for Child Health Project (REACH), Médecins sans frontières (MSF) (Doctors without Borders) and UNICEF.

12. Official statistics show a maternal mortality rate of 49.8 per 100,000 live births. Causes of maternal mortality include haemorrhaging, lack of proper antenatal care and a high rate of abortions (about 726 per 1,000 live births). Abortion contributes to about one quarter of maternal deaths and is often used as the principal birth control method. Government policy is to expand family planning services, but at present, only a few family planning clinics are established and contraceptives are generally only available on the free market at high prices.

13. Child malnutrition has not yet surfaced in official statistics, but it should be considered a serious threat. Food prices in Georgia rose by 2,000 per cent in 1992 and have continued rising throughout 1993. The food situation of the urban population is precarious, with pregnant and lactating women and infants and young children at high risk. Infant nutrition is of particular concern since, on average, only 20 per cent of mothers breast-feed

after three months and there is no infant or weaning food production in the country. Many families receive food from relatives in rural areas or ethnic support groups in the Russian Federation, but there is thought to be a large group of the hidden hungry living mainly on bread, which is rationed. There are always lines at the state bread stores, where loaves sell at subsidized prices. Free hot meals at schools have been discontinued except for special schools, orphanages and about one third of all kindergartens. Because refugees receive special assistance, including free food, resentment towards them is building among the urban poor, who feel deprived by comparison. Micronutrient deficiencies, especially iodine deficiency disorders (IDD), have emerged as problems, with a recent survey finding over 87 per cent of all schoolchildren in mountainous districts to be suffering from goitre. All salt is imported, but with the breakdown of trade with Armenia, there has been no iodized salt in the country since 1991. There is also evidence of anaemia among pregnant women and of widespread vitamin A and D deficiencies, all probably linked to the enforced changes in diet and reduced per capita food intake.

Education for all

14. Education is free for all in Georgia under a system that was established according to the nationwide standards of the former Soviet Union. Previous achievements, however, are threatened by the crisis. Recent education reform includes new legislation upgrading the qualifications, training and working conditions of teachers and the introduction of a new curriculum. The pervasive lack of funds, increasing demands for textbooks, a shortage of paper for publishing and the lack of learning and teaching aids hamper the everyday functioning of pre-schools and primary schools. Shortages also curtail the availability of school supplies for pupils; once provided free, they now must be paid for, placing them out of the reach of many families. Power cuts severely affect heating in schools during winter, frequently leading to the suspension of classes. School feeding programmes cover only one third of all pre-primary schools, and the number of children whose parents cannot provide adequate meals is increasing. In addition, some 90,000 displaced children have been deprived of their normal school environment. Although the Ministry of Education is giving priority to accommodating these displaced children in local schools, the authorities lack the resources to replace the books and school materials left behind by these children in their flight from their homes. It is certain that some of these children are in serious need of psychological counselling, since they must endure the psycho-social trauma of displacement with few support services to alleviate their distress.

Women: a qualified equality

15. Women enjoy legal equality with men in Georgia, but the traditions of Georgian society, whether Christian or Islamic, give men a dominant position. The years under Communism saw women take advantage of opportunities for education and employment. Indeed, women university graduates outnumber men, and women comprise 47 per cent of the workforce. Nevertheless, few women are found in the ranks of management or political office. Jobs for women rarely make the most of their higher education, and women are usually paid considerably less than men for doing the same work. At the same time, women have the full burden of housework and child-rearing, whether they hold outside jobs or not. Paid

maternity leaves are liberal. The network of nursery schools and kindergartens covers 70 per cent of the eight months to three years age-group. However, poorly paid and underqualified staff provide inferior care. In some areas, working mothers have difficulty finding a place for their children; in many other cases, home care by relatives is considered preferable. At the national level, the inequality of women was not much of an issue in the past, but a Women's Council now claims to have branches throughout the country to promote genuine equality with men.

Logistics

16. Delivering aid to the places where it is most needed is perhaps the principal constraint in the emergency phase of relief to vulnerable groups. Convoys, including those of UNICEF, have been able to cross the lines between combatants, but only with considerable difficulty. Different factions control air, road and sea routes in different locations. Once delivered to a port of entry, or handed over to a ministry, the Humanitarian Aid Commission or the Refugee Committee, shipments must be protected from pilferage and banditry by armed guards. Warehouse space is available, but moving supplies on to specific consignees is slowed by the general shortage of fuel. Monitoring the reception of shipments by end-users has been difficult to arrange and confirm. Of course, delivery to besieged towns where the need is urgent becomes extremely dangerous. In these circumstances, donor support to the Government for strengthening of logistics operations for emergency assistance has become a priority for donor agencies, including UNICEF.

Social mobilization

17. For more than 70 years the Georgian public has been mobilized for the social purposes of communist regimes, but communities and individuals were rarely empowered. The fall of communist power in the former Soviet Union was not an overnight process; many practices and personalities are still in place. It will take a long time to refashion political, social and economic structures. While it is not possible to predict what the new forms will be, it seems probable that Georgians will have to rely more on their own resources until a new trading system replaces the economy once centrally-planned in Moscow. If communities and families are encouraged to acquire the knowledge, motivation and empowerment to take on more responsibility for their own welfare, it will facilitate the transition, make decision-making more responsive to the needs of the people and help to stabilize a divided society.

18. A number of existing institutions could play important parts in new social mobilization efforts aimed at the empowerment of communities and families to facilitate the transition. The Ministry of Health has modest experience upon which health education can be built. The Ministry of Education has been a partner in some classroom health education. The Ministry of Labour and the Refugee Committee are in touch with vulnerable groups and retraining programmes. Various committees in parliament draft recommendations related to health, education and social welfare. There is a reasonably good communications and media network. Other channels, such as women's organizations, a reviving religious community, academic research centres, agricultural extension, teacher and health personnel training institutions and even political parties, can take

part in alliances promoting healthy family life in Georgia, as they have in so many other countries. Assisting key individuals among those potential partners to see how social mobilization has worked in the outside world could be a first step.

Past and present cocperation

Emergency programme

19. In the first two weeks of February 1993, an inter-agency mission composed of the United Nations Department of Humanitarian Affairs (DHA), UNICEF, the World Food Programme (WFP), the Office of the United Nations High Commissioner for Refugees (UNHCR), the Food and Agriculture Organization of the United Nations, the World Health Organization (WHO), the International Organization for Migration and the International Federation of Red Cross and Red Crescent Societies (IFRC) assessed emergency needs in Georgia. This resulted in a United Nations consolidated appeal for the most vulnerable groups among the conflict-affected population. The appeal covered emergency food aid, logistics assistance, health care, nutrition and refugee protection, among other activities. Out of a total of $20.9 million, the value of the UNICEF component of the appeal was $2.7 million. In response, donor contributions to UNICEF amounted to $875,000 by the end of October 1993. An advance of $350,000 was also provided from the Emergency Programme Fund.

20. The first UNICEF emergency consignment of vaccines, weaning food, infant formula and essential drugs was airfreighted in April 1993 and distributed to vulnerable groups in the conflict areas of Abkhazia and South Ossetia, as well as in the rest of the country. UNICEF responded to requests for infant formula in order to ensure that all infants had sufficient nourishment because many mothers were unable to breast-feed due to traumatization in the war situation. Following the inter-agency mission, UNICEF missions were also fielded in April, September and October of 1993. In addition to monitoring the deteriorating emergency situation and following up on the use of UNICEF supplies, the September and October 1993 missions carried out a rapid situation assessment and held discussions with government counterparts, United Nations and bilateral agencies and NGOs on the content and strategy of the new country programme.

21. During that time, emergency supplies, particularly essential drugs, continued to be delivered in response to priority needs. In October 1993, UNICEF deployed logistics and health consultants to handle the reception, distribution and follow-up on the end-use of UNICEF supplies in collaboration with the relevant ministries and the Humanitarian Assistance Commission. The United Nations Office in Tbilisi and the resident DHA delegate also have been active in facilitating UNICEF work since the launch of the emergency appeal. These steps have helped to establish UNICEF as a credible partner for the longer term.

22. The main thrust of the first programme of cooperation between UNICEF and Georgia will be to join government efforts with other partners to prevent further deterioration in the survival and development prospects of children during the present period of violent conflict, political crisis and socio-economic upheaval. Therefore, assistance will be targeted primarily

towards the survival needs of the most vulnerable children and families affected by the emergency. Beyond survival needs and a basic service delivery approach, the programme will link carefully with longer-term development and protection activities, using strategies of empowerment, capacity-building and advocacy.

Recommended programme cooperation, 1994-1995

Estimated expenditure

(In thousands of United States dollars)

| General resources | 1994 | 1995 | Total |
|---|---|---|---|
| Emergency maternal and child health | 550 | 550 | 1 100 |
| Regular maternal and child health | 200 | 200 | 400 |
| Education | 50 | 50 | 100 |
| Research, monitoring and evaluation | 50 | 50 | 100 |
| Programme support | 150 | 150 | 300 |
| Subtotal | 1 000 | 1 000 | 2 000 |
| Supplementary funding | | | |
| Emergency maternal and child health | 600 | 600 | 1 200 |
| Regular maternal and child health | 300 | 300 | 600 |
| Education | 100 | 100 | 200 |
| Research, monitoring and evaluation | - | - | - |
| Programme support | - | - | - |
| Subtotal | 1 000 | 1 000 | 2 000 |
| Total | 2 000 | 2 000 | 4 000 |

23. The proposed programme has the following main goals:

(a) To provide relief to vulnerable groups, primarily children under five years of age, who face immediate threats to their survival because of displacement, destitution and the hardships of winter;

(b) To bolster the health delivery system at its weakest points to ensure the provision of PHC, especially immunization, the supply of essential drugs and other basic maternal and child health (MCH) services;

(c) To help arrest the decline in the quality of primary education;

(d) To carry out essential national research as a basis for planning a longer-term country programme and formulating a national programme of action (NPA);

(e) To promote and support the preparation of an NPA, with special emphasis on the achievement of mid-decade goals.

24. Initially, the focus of the programme will be to continue assistance during the emergency phase in order to meet the most urgent needs of young children in high-risk groups. Simultaneously, a situation analysis will investigate the causal factors of the main threats to child health and well-being as a basis for formulation of the NPA and more effective long-term UNICEF cooperation.

The programme strategy

25. Because of the emergency, the main strategy will be one of reinforcing service delivery so that the most affected young children and families receive the basic necessities for sustaining life and preventing disease. Given the current financial crisis, Georgia is almost entirely dependent on outside humanitarian aid to meet the needs of the ever-growing number of displaced persons, homeless and others who lack a social safety net. In such circumstances, the delivery of basic health services and the protection of the most vulnerable will be the overwhelming priority.

26. Closely linked to this priority is the rebuilding of national capacities to sustain effective service delivery and progress towards the achievement of longer-term goals for children, especially as embodied in an NPA. In this context, technical assistance, training and orientation towards well-proven low-cost approaches will be important in public health and social services in general.

27. Empowering people with the knowledge to improve their own lives is an essential strategy component, but one which presents a major challenge in a society accustomed to treating official information with scepticism and even disdain. An analysis of present knowledge, attitudes and practices, as well as information channels, will be necessary before this strategy can be successful among the general population. Ensuring that media channels and service personnel are equipped with information on successful approaches to child survival, development and protection will be an important starting-point.

28. Advocacy for placing children at the top of the country's priorities at a time of armed conflict will be a difficult but necessary element of the country programme strategy. Advocacy to promote compliance with the Convention on the Rights of the Child among all parties engaged in armed conflict will be an important part of this approach. A considerable amount of work remains to be done to convince organizations as well as political and administrative leaders that an NPA, including the achievement of mid-decade goals, is important at a time when the country is facing so many crises. Various approaches will be employed, including dialogue with key government and non-government partners who can influence policies, programmes and legislation for children.

Planned programme activities

Emergency programme

29. The dramatic deterioration of conditions in the country and the inability of the Government to cope with the situation puts every child at grave risk, especially newborns and infants. In 1992, 80 per cent of the country's needs for medicines and medical supplies were provided through humanitarian aid. The

figure is believed to be even higher for 1993. As indicated earlier, there is strong evidence, reinforced by anecdotal accounts, of an alarming rise in infant mortality since 1990. There are fears that the situation could worsen because of anticipated widespread power cuts in the winter, leaving maternity wards and homes without heat or electricity for much of the time. The situation in areas of armed conflict is even worse. There are widespread reports of food shortages, especially in urban areas. In those circumstances, reversing an upward trend in mortality in children under five years of age is the highest priority, requiring a substantial allocation of programme resources. The principal emergency interventions described in paragraphs 30 and 31 below are linked closely to the ongoing, but underfunded, emergency programme and are an important entry point for longer-term survival, development and protection activities.

30. Essential drugs and medical supplies. As mentioned above, Georgia is almost entirely dependent on external sources for basic drugs and medical supplies. UNICEF will continue to update assessments of the most urgent medical needs of children, especially those displaced and in zones of armed conflict, by collecting information from the Government and NGOs on-the-spot and through field visits by UNICEF staff and consultants. Close coordination with other donors will be important to ensure that the real needs are adequately covered and to avoid unnecessary overlap and ensure efficiency of distribution. While the priority groups for assistance are the displaced and victims of conflicts, the population-at-large is living in poverty and is in need of essential drug supplies and other necessities. For programming and budgeting purposes, "emergency" drugs and supplies will be planned on the basis of the official estimates of persons displaced and affected directly by armed conflict. "Non-emergency" drugs and supplies aimed at meeting the overall shortfall in the health system will be covered under the "regular" programme as described in the section on child development and protection below. Under the emergency programme, drugs and supplies for the treatment of ARI will be provided in kits, in accordance with WHO recommendations. Other emergency kits will be provided for health centres and maternity wards, while vitamin kits will be distributed to supplement the dwindling food supplies of displaced children and pregnant mothers.

31. Clothing for child victims of war. The widespread electricity cuts and near absence of heating fuel during the harsh Georgian winters expose infants and young children who are victims of war to increased risks of illness and death. Especially vulnerable are the displaced, many of whom have had to leave their belongings behind when evacuating from areas of armed conflict. UNHCR is providing blankets, but clothing for the youngest children is also an urgent requirement. UNICEF will provide sets of winter clothing for infants and children under the age of two years in preparation for the 1994 winter. These items will be distributed to the most needy families as determined by local refugee committees in close collaboration with the National Refugee Committee and UNHCR. Children in institutions, who are at serious risk due to the absence of heating and shortages of food, will also benefit from clothing assistance.

Child development and protection

32. Situation analysis. There are large knowledge gaps on the situation of children that need to be filled in order to effectively develop long-term activities, including an NPA. For example, accurate estimates of infant and child mortality rates are difficult to produce owing to the breakdown in the health reporting system, caused primarily by the regional armed conflicts. It is proposed to institute a series of studies to better estimate these rates and to better identify the causes of infant and child mortality and morbidity and their regional variations. In addition, the condition of health and education services also will be analysed to pinpoint the main areas that need strengthening in terms of supplies, equipment, training and management support. This will facilitate the preparation of an in-depth situation analysis and its linkage to the prioritization of goals for the NPA which, in turn, will lead to more effective policy and programme interventions by the Government, UNICEF and other bilateral and multilateral organizations, as well as to a more focused NPA.

33. Quality and coverage of maternal and child health services. The present capacity of the Ministry of Health to deliver basic services to the population is heavily dependent on external assistance. The UNICEF programme of cooperation will supply essential paediatric drugs and basic medical supplies to complement other sources, with the aim of reinforcing basic MCH services. Ultimately, the objective is to reorient health policy to reduce the present high costs and to revamp the inefficient curative system and strengthen prevention of the main causes of child mortality and morbidity. Training will be a vitally important part of the programme, especially for upgrading managerial skills and technical knowledge, particularly on the rational use of essential drugs, for which a manual will be translated, printed and distributed to all practitioners. Close collaboration will be maintained with the United States Centers for Disease Prevention and Control and WHO, which together are developing an epidemiological surveillance system, and with MSF and REACH, which are also active in the MCH field.

34. Breast-feeding. Along with the establishment of a breast-feeding promotion programme, including the creation of "baby-friendly" hospitals, it is proposed that high-protein biscuits be supplied as a food supplement to pregnant and lactating women. Since maternal undernutrition is often cited as a primary cause of the decline in breast-feeding, this food supplement should help address maternal nutrition needs. Distribution of the biscuits will be linked to education on breast-feeding, and the Ministry of Health has already begun to develop a national programme.

35. Safe motherhood. The safe motherhood programme will concentrate on providing access to and information on family planning services. Collaboration with the United Nations Population Fund will be essential, with UNICEF support in the areas of information and education, linked to the Facts for Life component described in paragraph 39 below. Improving services in maternity wards as a means of decreasing both maternal mortality and perinatal mortality will be an important intervention, based on the provision of maternity kits and the retraining of maternity ward staff.

36. Immunization. Vaccine supply, cold-chain requirements and related training activities and management support were covered largely in 1993 by the European Community and USAID, in collaboration with REACH and MSF (Spain), with UNICEF playing a support role. For 1994 and 1995, UNICEF would become the principal supplier of vaccines to Georgia in the absence of longer-term support from other organizations. In the event of funds for vaccines becoming available from other sources during the 1994-1995 period, UNICEF would reprogramme funds for vaccines for other priority health activities, such as ARI and control of diarrhoeal diseases (CDD) (see para. 38 below). Complementary inputs to the immunization programme will include support for the translation of such materials as vaccination guidelines and other appropriate references into the Georgian language.

37. Micronutrient deficiencies. UNICEF will support research to better estimate the prevalence and severity of IDD and at the same time will promote and provide assistance for the iodization of salt. Support will also be provided for the eventual elimination of vitamin A and D deficiencies and anaemia based on combinations of food supplementation, food fortification and dietary changes.

38. Acute respiratory infections/control of diarrhoeal diseases. A special centre has been established recently in Georgia to investigate the prevalence and patterns of diarrhoeal diseases and ARI and to develop action programmes to address these two diseases, which together account for over 70 per cent of all infant and child hospitalizations. In collaboration with WHO, UNICEF will support the CDD/ARI centre in the review and adjustment of guidelines on ARI case management, and a comprehensive programme will focus on training and orientation of health personnel. Meanwhile, in view of the chronic shortage of essential drugs, ARI kits containing antibiotics, anti-asthmatic drugs and other WHO-recommended supplies will be provided for the treatment of principal respiratory disorders. With regard to CDD, assistance will be given to increase the widespread availability of oral rehydration salts, especially in areas where displaced persons are concentrated and where the risks of contracting diarrhoea are highest.

39. Health education. This aspect of the programme underpins all the other elements and is a key to their success. It is proposed to strengthen the mission of the Health Education Department of the Ministry of Health by encouraging the Ministry to take the lead in promoting a Georgian version of Facts for Life. UNICEF will provide support for the translation of the basic text and for a seminar of medical, public health and education experts to discuss its relevance to Georgia and recommend modifications. UNICEF will then assist the Health Education Department with paper and printing costs for the resulting Georgian version. UNICEF also will encourage relevant parties to build strong partnerships among government ministries, churches, the Women's Council, NGOs and the media to stimulate a national movement for dissemination of Facts for Life and "healthy life" messages. UNICEF will support a study visit of Georgian health educators to Armenia, where Facts for Life and other healthy life initiatives already have been launched successfully. Close collaboration with the media will be an important part of the overall strategy of promoting preventive health care and community and individual responsibility

for family health in order to reduce reliance on the costly and low-efficiency health system.

40. Pre-school and primary education. UNICEF will concentrate support on in-service teacher training and the provision of school materials to displaced children, including basic textbooks and notepads. In addition, a review of boarding institutions, which accommodate approximately 6,000 orphans and disabled children, will be carried out with the aim of developing appropriate curricula and upgrading the quality of living conditions and care services.

Monitoring and evaluation

41. Programme monitoring will be accomplished primarily by UNICEF staff assigned to the office in Tbilisi. An annual programme review will be instituted together with participating governmental organizations, NGOs, United Nations agencies and other partners, as appropriate. Regular field visits will be undertaken by staff to monitor the situation of children and women and to assess the effectiveness of UNICEF assistance. Programme adjustments will be made in accordance with the findings and in agreement with the parties concerned. Close relations will be maintained with national and international NGOs that have field personnel in a position to provide information on needs and programme performance. A programme review will be carried out towards the end of 1995 focusing on programme effectiveness and identifying lessons that can be applied during the next period of cooperation.

Cooperation with partners

42. Effective implementation of the new programme will require close collaboration with other organizations and particularly with the United Nations resident coordinator, with whom UNICEF will share common premises. UNHCR and WFP, already operational in the country, will be important partners, as will WHO, the European Community and USAID and other bilateral organizations, as well as the many international NGOs active in service delivery and capacity-building in Georgia. These include the Cooperative for American Relief Everywhere, Inc., MSF, the Salvation Army, A Call to Serve, REACH, IFRC and the International Committee of the Red Cross. All of those organizations were contacted during the development of the country programme recommendation.

Organizational and administrative structure

43. UNICEF staff will consist of one international Professional, two National Officers, one administrative and finance assistant, two secretaries and one driver. Close relations will be maintained with the other United Nations organizations present in Georgia, whose knowledge and prior experience will be of considerable benefit, especially in the start-up phase. The country programme will be of a more regular nature once a basic agreement on cooperation between the Government of Georgia and UNICEF is signed. For the 1994-1995 programme of cooperation, costs for support staff will be covered by resources

available for programme activities that are included in the sectoral breakdown of expenses. The counterpart contribution will be primarily in the form of personnel, infrastructure and logistics support.

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UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1994/P/L.29
28 March 1994

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1994
25-29 April 1994

FOR ACTION

# RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES FOR SHORT-DURATION COUNTRY PROGRAMME SUPPORT TO THE COUNTRIES OF FORMER YUGOSLAVIA*

SUMMARY

The present document contains a recommendation for funding from general resources for programme development and staffing costs of programme support from an area office to the countries of former Yugoslavia. The Executive Director recommends that the Executive Board approve the following amount in general resources, subject to the availability of country funds.

| Programme support | Amount (United States dollars) | Duration |
|---|---|---|
| | General resources | |
| Programme development and staffing costs for an area office | 2 000 000 | 1994-1995 |

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

Challenges presented by the region

1. The transition from federalism to independence for the five countries of former Yugoslavia, and the resulting conflict that developed, has created the biggest humanitarian crisis in post-war Europe. It is estimated that over 200,000 people have been killed and another 3.5 million have been made refugees or displaced. Economic disruption, war and the collapse of social infrastructures have forced the countries to adapt to drastic reductions in living standards. This has been compounded by a de-federalized public sector greatly reduced in efficiency and effectiveness.

2. The impact of war on the children has been devastating. Children are deprived of basic health care, nutrition, education and other social services, with Governments unable to meet such needs. In many cases, social service infrastructures, already performing far below optimum, simply cannot cope with the additional burden created by the influx of refugees and displaced persons.

3. UNICEF has been working to help alleviate the sufferings of children in former Yugoslavia and to ensure that the impact of war on their long-term development is minimized. Its assistance has been mainly concentrated in the areas of health, nutrition, basic education, water supply and sanitation, psycho-social rehabilitation for war-traumatized children and meeting urgent domestic needs. The delivery of such assistance has been seriously hampered by the continuous hostilities but, where contact and cooperation with the government counterparts have been established, concrete steps for the rehabilitation and care of children and women have been initiated, in addition to measures to address emergency problems.

4. The prompt response of UNICEF to the requests of various Governments for emergency assistance since the beginning of the conflict has helped to establish the credibility of UNICEF, among the different authorities concerned, as an organization committed to the cause of the children. In many cases, assistance delivered directly to the field, in collaboration with local authorities and non-governmental organizations, has laid the foundations for medium-term and long-term cooperation for the survival, development and protection of children, moving from an emergency response towards a development continuum. Opportunities to develop partnerships with other international, governmental and non-governmental organizations have also helped to bring about multisectoral responses to the needs of the children.

5. Following the outbreak of hostilities in former Yugoslavia, UNICEF established offices in the different countries to respond to the emergency needs of children. Offices were first established at Zagreb and Belgrade, then at Sarajevo and Split. Later, offices were added at Skopje, Mostar, Pale, Tuzla, Zenica and Podgorica. In November 1992, UNICEF established an area office, under the responsibility of a special representative. The area office consists of 8 international and 20 national staff members, who are responsible for the overall management of all sub-offices and project offices. The office also undertakes programme planning and monitoring, financial management, operational support, external relations and broad coordination with United Nations, international and non-governmental organizations. Special advisers for health, education and psycho-social programmes based in the area office are responsible

for programme policy formulation, planning, monitoring and evaluation of projects throughout the countries of former Yugoslavia. The area advisers also provide technical support to the sub-offices in the various programme areas.

6. The continuing hostilities in many parts of former Yugoslavia and the widespread damage to infrastructure and social services warrant the continuation of the emergency response until the minimum basic services for children and women are restored. Within this emergency response, there are opportunities to help the countries in formulating plans that will strengthen the restoration of basic service delivery and maintenance of capacity. There are also opportunities for advocacy, for adherence to the principle of a "first call for children" and for the goals expressed in the Declaration adopted at the World Summit for Children, among them the mid-decade goals. The role of the area office in this process is considered vital in all these activities.

Recommended programme cooperation, 1994-1995

Estimated annual expenditure

(Thousands of United States dollars)

| | 1994 | 1995 | Total |
|---|---|---|---|
| General resources | | | |
| Project support | 750 | 800 | 1 550 |
| Project development | 150 | 300 | 450 |
| Total | 900 | 1 100 | 2 000 |

Major responsibilities of the area office

Support to programme planning and policies

7. As a result of both war and the transition to more market-oriented economies, the countries of former Yugoslavia need to review their social service sectors and policies in those sectors that have implications for the well-being of children. UNICEF will work closely with the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and other international organizations in supporting the countries of former Yugoslavia with training in the more efficient use of resources and in the development of appropriate policies in health, education and other sectors. The technical advisers in the area office will support seminars organized for planners and policy makers in their respective fields, drawing on experiences in other central and eastern European countries, as well as in the developing world. In the health sector, such support will cover revision of vaccination calendars, formulation of national drug policy and the rational use of drugs, strengthening preventive medicine and technical assistance in health financing. In nutrition, UNICEF will support policy interventions to promote breast-feeding, as well as the baby-friendly hospital initiative. UNICEF, together with WHO, will also help the Governments to

establish policies for appropriate child-feeding practices, particularly in emergency situations. In the education sector, support will be provided to reform the education policies that affect access to and the quality of education. Psycho-social interventions and interventions for institutionalized children will promote policies conducive to strengthening capacities for helping child victims of war and other children in especially difficult circumstances.

8. One critical role of the area advisers will be to continue to provide technical support and coordination to the country offices, including the training and guidance of national staff. The office will also support the country offices in the monitoring of key indicators that show the impact of the situation on children, women and other vulnerable groups during this critical period.

Coordination

9. The area office will be responsible for coordination with sub-offices and project offices on the one hand, and with UNICEF headquarters on the other, to ensure compliance with UNICEF policies and procedures, reporting obligations and contact with the donors. Where policy issues are concerned, coordination with other United Nations, international and major non-governmental organizations will also be handled by the area office.

Information and media

10. The information unit in the area office will implement information strategies designed to enhance the visibility of UNICEF work in the countries of former Yugoslavia. This will include production of both electronic and print materials such as films, video spots, reports, brochures, etc., for wide dissemination by UNICEF offices in New York and Geneva, as well as by National Committees for UNICEF. Special orientation visits will be organized for media personnel, National Committee members and representatives of donor countries, as well as field visits to UNICEF-assisted projects.

Advocacy

11. The area office will undertake special advocacy efforts to ensure that all the countries of former Yugoslavia ratify and implement the Convention on the Rights of the Child. Advocacy will also be undertaken for the formulation of national programmes of action within the framework of the Declaration and Plan of Action adopted at the World Summit for Children.

Management and operational support

12. The area office will extend support to the field offices in financial management, staff management, administrative and supply/logistics matters. Currently over 108 international and national staff are deployed in 10 UNICEF offices in former Yugoslavia. The area office will ensure compliance with standard personnel, administrative and security-related policies by all these offices.

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UNITED NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1994/P/L.30
15 March 1994

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1994
25-29 April 1994

FOR ACTION

# RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE EASTERN AND SOUTHERN AFRICA REGION*


## SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in countries in the Eastern and Southern Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $10,624,607, to achieve the objectives of the country programmes as originally approved by the Board.

| Country/programme | Amount (United States dollars) | Current programme cycle |
|---|---|---|
| Angola | 4 091 479 | 1991-1995 |
| Sao Tome and Principe | 411 687 | 1991-1995 |
| Swaziland | 919 340 | 1991-1995 |
| Uganda | 5 202 101 | 1990-1995 |

Annual funding requirements of the four countries are provided in the table following paragraph 55.


* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

## I. ANGOLA

1. The Angola country programme requires additional general resources for 1994 and 1995 as a result of an increase in the annual planning level for general resources in 1993 from $2.2 million to $3.2 million, which allowed for accelerated action in, inter alia, using measles immunization as a platform for the expansion of other interventions, such as oral rehydration therapy (ORT). Of the $11 million approved by the Executive Board for the programme period 1991-1995 (see E/ICEF/1991/P/L.3), only $2,381,686 remains for distribution during the rest of the programme cycle, leaving a shortfall of $891,479 for 1994 and of $3.2 million for 1995. The Executive Director therefore requests that the Executive Board approve an additional amount of $4,091,479 from general resources to cover the 1994-1995 programme period.

2. With the resurgence of Angola's crippling civil war, a child population of more than 2 million and infant and under-five mortality rates of 173 and 292 per 1,000 live births respectively, the environment for programming is especially challenging. The course of the war has directly threatened child survival in Angola and has adversely affected overall living conditions for an estimated 3.2 million Angolans throughout the country. The additional resources would assist in addressing some of the pressing needs through the provision of basic services.

3. The country programme for Angola for the period 1991-1995 was based on positive prospects following the Bicesse peace accord of May 1991. The accord resulted in the presidential elections of September 1992. UNICEF programme cooperation was modified to address the emergency needs of Angolan children and women, for example, the situation of children exposed to armed conflict. The modified programme aims at safeguarding the survival, protection and development of Angola's children and contains relevant goals, objectives and activities to respond rapidly and effectively to the essential humanitarian needs of children in the short and medium terms.

4. The resurgence of the civil war in October 1992 has resulted in untold hardships for an already devastated population. Available infant mortality statistics do not reveal all significant regional or rural-urban variations. Infant mortality ranges from 58 deaths per 1,000 live births in parts of Luanda to 300 deaths per 1,000 live births in the interior. The major causes of under-five mortality are, in order of magnitude, measles, malnutrition and low birth weight, pneumonia, diarrhoea and malaria. Approximately 30 per cent of all child deaths are attributable directly or indirectly to the war, while some 60 per cent of deaths among children under five years of age are preventable.

5. UNICEF programme activities during the past year have consisted of integrated service packages in the areas of health, nutrition, water supply and sanitation, education, relief and survival, household food security and advocacy. The majority of activities were carried out in provinces with relatively safe access, namely, Benguela, Huila, Namibe, Curene, Kwanza Sul, Kwanza Norte, Bengo and Luanda. However, some activities were also carried out in more recently accessible locations.

6. In the remaining years of the current programme cycle, UNICEF will address the crucial issues facing children and women in Angola in the areas described below.

Nutrition

7. Malnutrition continues to be a serious cause of child morbidity and mortality in Angola. Recent nutrition assessments indicate that protein-energy malnutrition is significant among children under five years of age. Stunting (height-for-age below 90 per cent of the standard) is estimated to account for 30 per cent of all child malnutrition, while 22 per cent of all children are estimated to be wasted (weight-for-height below 80 per cent of the standard). It is also estimated that 8 per cent of all children could be clinically classified as suffering from marasmus and kwashiorkor, that is, they are severely malnourished. Consequently, nutrition surveys and surveillance activities will be developed to inform and guide nutritional rehabilitation and supplementary feeding activities in all 18 provinces of the country. Additional nutritional rehabilitation kits will be provided to reinforce health facilities. To prevent xerophthalmia, a single prophylactic dose of vitamin A capsules will be administered to children receiving their measles vaccination. Improved infant and child nutrition will also be pursued through the promotion of breast-feeding as part of public health education programmes and the Baby-Friendly Hospital Initiative (BFHI), where feasible. Midwives and traditional birth attendants (TBAs) will be utilized to provide information on nutrition and to reinforce feeding programmes, as well as to promote greater participation of women in activities. Growth monitoring and promotion activities, which have seriously declined, will be reintroduced at health facilities, along with the necessary training for health staff, and progressively strengthened into sustainable nutrition monitoring activities throughout the country.

Primary health care

8. Accelerated activities to increase the protection of children against measles and neonatal tetanus, reduce maternal mortality and control diarrhoeal diseases will continue. Using measles vaccination as the platform for additional primary health care (PHC) interventions, ORT to combat dehydration owing to diarrhoeal diseases and other basic health care will be provided for the control of malaria and pneumonia. In order to reduce morbidity and mortality due to malaria, UNICEF will continue to provide essential drugs to treat febrile conditions in children and pregnant women throughout the country, support refresher training of staff and promote health education and sanitation programmes. Given the substantial investment that has been made in this sector, the focus will be on reinforcing the vaccine cold-chain system and reopening and re-equipping facilities to provide preventive, curative and health promotion services at primary, secondary and tertiary levels of health care. Safe motherhood will be addressed more vigorously to include the intensification of prenatal and maternity care activities. UNICEF will continue to support the training of midwives and TBAs, including life-saving skills for practising midwives and prompt referral of high-risk pregnancies, as well as improved infection control.

Water supply and sanitation

9. The principal activities of the water supply and sanitation programme will aim to accelerate the completion of existing initiatives to increase access to safe water in selected peri-urban and rural areas. Emphasis will be placed on the timely formulation and implementation of water supply and sanitation services, facilitated by appropriate technical and financial support in the provinces of Huila, Cunene, Namibe, Cabinda, Benguela and Kuando Kubango. Given current sanitation problems, UNICEF will promote increased physical access to sanitation facilities by expanding the number of these facilities, which have received far less attention and resources in previous years. The programme will strive to raise awareness of communities on proper hygiene and environmental sanitation, and will cooperate with the private sector to construct low-cost latrines and hand-dug wells and to maintain manual and mechanized pumps. Stronger initiatives will be developed through training and capacity-building to strengthen local institutional capacity, particularly in the target provinces, to develop rapid and cost-effective service coverage. UNICEF will promote improved systems for programme management and monitoring as well as human resources development. Sustainable financing and maintenance will be achieved through a combination of community participation strategies and cooperation with the private sector and major non-governmental organization (NGO) partners. The programme will be managed primarily by the National Directorate for Water.

Education and children in especially difficult circumstances

10. The aim will be to improve knowledge and awareness about the causes and the dimension of the problems of children in especially difficult circumstances, particularly those traumatized by the war. Although Angola has ratified the Convention on the Rights of the Child, the Government needs assistance in training care-takers and teachers to reintegrate traumatized children into social and cultural life. Through the expansion of operational capabilities and improved data collection and targeting, UNICEF will continue its work in tracing the families of abandoned and separated children to increase their chances of survival, development and protection. UNICEF assistance will also continue to provide basic teaching supplies and essential teaching aids and support for the retraining of teachers.

Women in development

11. For several decades, women in Angola have been under increasing pressure related to family responsibilities in times of emergencies. Broken homes, child abuse and street children pose problems that women have to cope with in addition to producing and providing food, cooking, fetching water and wood for fuel, washing, taking care of children, the sick and the elderly, as well as promoting the well-being of other family members. In response to the roles that women play in the society at large, support for programmes that enhance their status will continue at national and community levels. This will include efforts better to target seed and tool inputs and advocacy to influence policy and the integration of the concerns of women in programming. In view of a shift from women-specific activities to mainstream programme strategies, emphasis will be on approaches that promote gender concerns within all sectors. Support will

also be given to the collection and general dissemination of gender-disaggregated data.

Area-based services

12. In order to achieve the required level of service delivery, UNICEF needs to reinforce its field presence in secure and accessible areas to provide support, supervision and technical assistance to a weakened social infrastructure. An expansion of local-level planning and programming functions to provinces and districts will be promoted. This new initiative will be coordinated through the development of a basic services section in the UNICEF field office in Angola, which will play a catalytic role in the provision of relief and survival support and establish guidelines for efficient delivery of services. The supply and logistics management functions of UNICEF will be strengthened in the areas of procurement, storage, distribution and inventory control. This will entail experienced technical support and a computerized inventory control system to be fully operational by the middle of 1994.

Advocacy and social mobilization

13. Activities will involve raising public awareness on the situation of children and women and increasing awareness of the provisions of the Convention on the Rights of the Child. Other key elements will be to expand demand for the utilization of basic services and the improvement of institutional capacity and the performance of major collaborating ministries and institutions responsible for advocacy and action on behalf of children and women. UNICEF will pursue a strategy that focuses on building the capacities of these institutions, promoting the mobilization of women and other allies and fostering integration between sectoral programmes. Sensitizing national leaders and policy makers to the growing problem of acquired immunodeficiency syndrome (AIDS) and sustaining their commitment to preparing a national programme of action to achieve the goals for the 1990s will feature prominently, as will efforts to disseminate the Convention on the Rights of the Child more widely to all sectors of society. In one district, there will be a pilot, intersectoral communications effort with an emphasis on AIDS awareness and education, the expanded programme on immunization (EPI) and the development of the Bamako Initiative through a variety of media approaches and a greater focus on women.

Monitoring and evaluation

14. A key set of indicators to monitor the overall implementation of the programme will be established according to activity deadlines. Other indicators will relate to the measurement of input and output generated from existing and revised reporting formats and internal records at different administrative levels. Evaluations of impact will be analysed through the use of sentinel sites and periodic surveys. Given the paucity of useful data for surveillance and planning, UNICEF will continue to collect basic information and statistical data for programme planning and management. Existing data sources, protocols and procedures will be consolidated at the planning offices of cooperating ministries and rationalized for comprehensive use at provincial levels. The modifications to the health information system proposed by the United States Centers for Disease Control and Prevention will be adopted to help implement the

first phase of a more extensive information-management system, which will be based essentially on sentinel site methodologies. The revised system is expected to be fully operational in 1995. In addition, training will be provided to staff in order to reinforce the system with competent manpower.

## II. SAO TOME AND PRINCIPE

15. The country programme for Sao Tome and Principe for the period 1991-1995 was approved by the Executive Board in 1991, with an allocation of $2.5 million from general resources (see E/ICEF/1991/P/L.20). Subsequently, the general resources annual planning level was raised from $500,000 to $750,000. An additional amount of $411,687 is therefore required to accelerate implementation of the country programme during 1995, especially to implement a stronger and more focused strategy for community participation in all aspects of service delivery.

16. The present country programme focuses mainly on increasing active community participation to try to overcome the country's lack of experience in community involvement.

17. The integration of all programme activities is also an essential feature of the country programme, especially given that at the national level the programme focuses on assisting the Government to reach and sustain the goals of the 1990s, within the framework of the country's national programme of action.

18. The mid-term review of the country programme in 1993 analysed lessons learned and identified emerging priorities. It reaffirmed the need to stress the involvement of communities in planning, financing and implementing projects in order to sustain and improve the quality of social services and take into account the limitations of the national budget. There is also a need for more concerted inter-agency and intergovernmental support and action to maximize benefits from limited resources, while minimizing the negative impact of the structural adjustment programme. Training at all levels needs to be increased and should be planned in a more rational way to benefit programme implementation.

19. The additional general resources requested will be used to help achieve the overall country programme goal of reducing child morbidity and mortality and malnutrition by sustaining EPI and a broad range of PHC activities, focused mainly on (a) community-based health care; (b) improving access to safe water supply and sanitation; (c) improving the quality of primary education and advancing Education for All (EFA); (d) reducing the gender gap in all aspects of development; and (e) supporting the preparation and implementation of the national programme of action to meet the goals of the 1990s. The main implementation strategy will be community participation through a more focused multisectoral, integrated approach. Social mobilization and advocacy will support activities nationwide in all sectors.

Primary health care

20. The PHC programme set targets to reduce morbidity and mortality in children and women by increasing coverage, quality and access to PHC services. It also seeks to enhance the overall socio-economic environment of children and women, thereby allowing them to attain their full potential in life.

21. The strategy to achieve PHC objectives is pursued through maternal and child health (MCH) activities, support to the national health system and training. The components of these three thrusts include EPI, the control of diarrhoeal diseases (CDD), safe motherhood, nutrition and community-based health care. It is appropriate to view all these as a holistic health programme rather than as separate projects. They have been comprehensive and effective in achieving positive results in Sao Tome and Principe.

Basic education

22. The basic education programme will improve the quality of primary school education for out-of-school children through low-cost methods. The programme consists of two projects: alternative day-care centres and non-formal primary education. Activities include social mobilization, training of child-care providers and primary school teachers, production of didactic materials and health education. Support will be provided to the Ministry of Education, Youth and Sports, as well as several NGOs, to address the problems of street children.

Integrated community development

23. This programme emphasizes interventions that address child survival, protection and development and the promotion of women at the community level. The provision of safe drinking water supplies and the construction of latrines have been effective entry points for community-managed activities. Communities have provided manpower as well as participated in the funding of activities.

## III. SWAZILAND

24. The country programme for Swaziland for the period 1991-1995 was approved by the Executive Board in 1991, with available general resources of $2.5 million (see E/ICEF/1991/P/L.20). In 1992 the annual planning level was increased from $500,000 to $750,000 and this helped to accelerate highly effective activities within the framework of the programme. As a result, however, the balance of approved general resources is not sufficient to provide funding through the end of the approved programme period. An additional $919,340 is therefore requested.

25. Since the preparation of the country programme, there have been important changes on the Swazi political and economic scene. The Tinkhundla (traditional polling system) was reformed in 1992. This resulted in direct election by the electorate of their representatives to the parliament through secret ballots during the August-October 1993 elections. Although the reform falls short of reintroducing a multi-party system, it can be seen as an unprecedented, important critical step towards promoting transparency and accountability.

Provisional estimates show that the economy shrank by 2 per cent in 1991/1992, after having expanded by 4.5 per cent in 1990/1991. The 1991/1992 downturn was due to the political and social changes taking place in South Africa, the worst drought in 70 years and the continuing global economic slowdown.

26. In addition, several indigenous characteristics of the economy have emerged as new challenges to Swaziland's economic policy: the sugar monoculture; a heavy reliance on South Africa; and high population growth of 2.8 per cent. In this context, the sustainability of gains achieved over the past decade in social development (i.e., school enrolment, adult literacy, access to health facilities and an increased number of women joining the formal employment sector) are being threatened. Recognizing the urgent need to reverse current economic trends, the Minister of Finance, during his 1993 budget speech, stated that the Government must undertake a thorough review of the economy and implement a home-grown structural adjustment programme.

Primary health care

27. The mid-decade goals, in particular those pertaining to MCH, universal child immunization (UCI), eradication of poliomyelitis and promotion of the use of ORT, have already been achieved. In fact, targets set in the Swaziland national programme of action are higher than the ones recommended by the UNICEF/World Health Organization (WHO) Joint Committee on Health Policy. However, the limited resource base of the country programme has affected the MCH programme and has caused key aspects of the annual work plan to be seriously curtailed. This predicament, caused by the lower than anticipated levels of UNICEF supplementary funding, reflects a need for more effective resource mobilization strategies and underscores the issue of sustainability. Also, the Government has not yet been able to provide funding to cover gaps in recurrent costs. Hence, there have been some reductions in the supply of vaccines, cold-chain equipment and oral rehydration salts (ORS). These gaps could lead to some erosion in quality and coverage. As a result, additional general resources will be used to support (a) the safe motherhood initiative, which is being developed jointly by the Government, WHO, the United Nations Population Fund and UNICEF; (b) strengthening of services to treat and prevent acute respiratory infections (ARI) (ARI accounts for 23 per cent of all infant and child deaths); (c) more intensive CDD action in terms of drought and cholera preparedness; and (d) the sustainability of EPI coverage.

28. The extent of the AIDS problem in Swaziland has only recently been recognized by the Government. Factors that suggest a serious threat to infant and under-five mortality, which are at 74 and 107 per 1,000 live births respectively, include the early age of sexual activity; the low status of women (women are treated as legal minors); multiple partners; high rates of sexually transmitted diseases and premarital and teenage pregnancies; the public's perception that human immunodeficiency virus (HIV)/AIDS is a low-risk problem; and the highly mobile population within Swaziland and from South Africa. Although AIDS was not included in the 1991-1995 country programme because of limited resources for MCH and because of other donor involvement, with additional general resources for the 1994-1995 period UNICEF would assist in strengthening the health education component of the national AIDS prevention and control programme.

Household and income security

29. Since 1991 the household food and income security programme has focused, inter alia, on the promotion of breast-feeding and improved weaning practices for young children. There are indications from recent surveys that the percentage of mothers who exclusively breast-feed their infants for four to six months has increased from 8 per cent in 1983 to 20 per cent in 1993. This suggests that attitudes and behaviour have been slow to change, and many mothers still believe that bottle-feeding is best. As supplementary funds for the breast-feeding project have been fully expended, additional general resources will strengthen and sustain support to initiatives already undertaken to train health workers and mothers' support groups and to make health centres baby-friendly.

30. Micronutrient deficiencies emerged as a priority in November 1992, when the Consensus of Dakar made their virtual elimination a goal for 1995. Immediate follow-up resulted in the formulation of a plan of action and the training of two government officials. Initial field surveys confirm that iodine deficiency disorders (IDD) pose a moderate to severe problem in some areas of Swaziland, and that vitamin A deficiency could possibly be a major reason for the high infant and under-five mortality rates. Over the next two years, resources are necessary to address the problem of iodine and vitamin A deficiencies in order to achieve the mid-decade goals. The additional funds requested would be used primarily for (a) necessary national baseline surveys and analysis of data; (b) developing health education strategies; and (c) promoting advocacy, both within Swaziland and across the southern Africa region, in cooperation with the efforts of neighbouring countries.

Education

31. Although little progress has been made towards EFA goals since 1991, the Government of Swaziland has recently increased its commitment in favour of an institutional and policy framework more adapted to the achievement of these goals. With UNICEF support, recent advances have resulted in the development of a non-formal education policy and the development of a programme for functional literacy through a national NGO, Sebenta. In the formal sector, UNICEF supported the revision of primary school curricula intended to improve basic academic skills and knowledge. Taking into account the recommendations of the mid-term programme review, held in June 1993, and based on the lessons learned from the Ngcamphalala area-based programme, UNICEF will support the development and promotion of an effective community-based education strategy in the Ngcamphalala area, promoting parental educational and life-saving skills and attitudes. Core education activities will focus on promoting adult literacy and supporting development of early child care. At the local level, activities will be coordinated by the Ngcamphalala Community Education Committee and will be facilitated by Government and Sebenta extension workers. UNICEF will support the strengthening of management through community involvement in school affairs and stronger supervisory procedures; the production and distribution of textbooks; teacher-training materials; and the development of an in-service training system. Parents' and teachers' associations will be promoted. They will engage in advocacy for more

educational opportunities for girls and improved organization and co-financing of education activities.

32. In 1993, a study was conducted on child abuse in one major urban centre and one rural area. The findings revealed that sexual abuse and child labour are the most frequent forms of child abuse, with street children often the victims of such practices. For this reason, more emphasis needs to be placed on both children and women in especially difficult circumstances over the next few years. With respect to child rights, a national task force is monitoring and coordinating activities for the promotion of the Convention on the Rights of the Child. To prepare the ground for implementation of the Convention, a study was initiated on Swazi legislation concerning the status of children. This study will be the basis for proposing changes in Swazi laws in order to meet the norms of the Convention. Additional funds are required so that the above-mentioned initiatives can be strengthened and sustained over the next two years.

Area-based programme

33. The Ngcamphalala area-based programme, which is situated in the low veld, first benefited from UNICEF support during the 1992 drought. Although only limited UNICEF funding has been available over the past 18 months, there have been notable signs of progress in terms of developing a participatory, multisectoral and integrated programme. In particular, PHC has been strengthened and kitchen gardens, pre-schools and women's income-generating activities have been developed. Over the next two years, a water supply and sanitation component will be initiated and integrated with existing PHC activities. Other sectors will be supported through strengthening institutional capacity at the community level and technological and production innovations to enhance crop yields and income generation. A specific strategy is to use the area-based programme as a sentinel site for monitoring various child survival and development indicators.

Social mobilization

34. Efforts are under way in cooperation with the Government to develop a unified health education strategy and to establish priorities in a more systematic manner. In particular, the various mobilization strategies (that is, rural health motivators and traditional healers, mass media, Facts For Life and girl guides and boy scouts) will be reviewed in order to develop a stronger social communication component that is fully integrated into all the existing programmes. The main thrust of the social mobilization and communication strategy will be to increase demand for service delivery in the various programmes in a concerted effort to attain all the mid-decade goals by December 1995.

## IV. UGANDA

35. The country programme for the period 1990-1995 was approved by the Executive Board in 1990, with a general resources allocation of $22,800,000 (see E/ICEF/1990/P/L.7). Since then, the annual planning level has been increased

from $3,800,000 to $5,110,000. These additional funds helped to strengthen programme implementation, for example, sustaining UCI and initiating BFHI. As a result, the country programme will require Executive Board approval for additional general resources of $102,101 for 1994 and $5,100,000 for 1995. The next country programme, covering the period 1996-2000, will be presented to the Executive Board in 1995.

36. Since the start of the current country programme, there have been significant political and economic improvements in Uganda. The acts of terrorism and civil strife that plagued Uganda for more than two decades have lessened significantly. Galloping inflation has been brought under control, and foreign currency exchange rates have been stabilized. A substantial demobilization programme for defence forces is being undertaken in an effective and orderly manner, and civil service reforms are expected to go a long way towards re-establishing governmental effectiveness and reducing corruption. The slump in international prices for coffee exports and servicing of extensive external debts still pose major balance of payment problems. However, modest progress has been made in trade diversification and international creditworthiness.

37. With these improvements, there is increasing attention, as well as demand, to address social development issues more vigorously. The Government, supported by the World Bank and other donors, is increasingly emphasizing basic social services in public policy and resource allocations. While there is still some way to go before the "20/20" target for national and donor allocations to priority social programmes is reached, there is progress in that direction.

38. Furthermore, the Uganda national programme of action has received an enthusiastic response and support across the board within the Government and from NGOs and donors. The national programme of action is closely linked to the Ugandan national rehabilitation and development plan and, therefore, is a serious attempt to link the planning of resources with social development goals for children and women.

39. Implementation of the national programme of action will be coordinated by a National Council for Children, with a small permanent secretariat, headed by a senior official, who will follow up with line ministries on their respective activities in support of the national programme of action. The Government will monitor this effort carefully to coordinate and follow through on its commitments to achieve the goals of the World Summit for Children through its national implementation framework.

40. Achieving the goals for the 1990s, as adapted in the Uganda national programme of action, will be challenging. The infant and under-five mortality rates, at 121 and 203 per 1,000 live births respectively, are among the highest in the world. Almost half of all children are stunted, and vitamin A deficiency, IDD and anaemia pose major public health problems. Access to safe water is as low as 26 per cent in rural areas, and primary school enrolment and completion rates are 72 per cent and 37 per cent respectively, with girls being significantly disadvantaged.

41. The HIV/AIDS pandemic has hit Uganda hard and will pose a major constraint to preventing a now terrible source of child deaths. In addition, there are already around 1.5 million orphans owing to both the past civil strife and the emerging impact of AIDS. However, the fact that Uganda has managed to achieve UCI amidst poverty and the aftermath of armed conflict demonstrates that the people and the Government have great capacity and commitment towards social advancement.

42. The country programme has played a major role in promoting both the national programme of action and the Convention on the Rights of the Child during the period 1990-1993. In addition, significant support has been extended to improve basic social services, particularly in the health and water supply and environmental sanitation sectors, where UNICEF provides significant support. Health education and communication, including in the area of HIV/AIDS, with a focus on vulnerable children have also been major programme areas.

43. The improving political, social and economic conditions in Uganda during the first part of the 1990-1995 country programme have opened opportunities to adjust the programme focus and operational procedures. In south-western Uganda, the south-west integrated health and water supply programme has thus been restructured in both programme as well as management terms. The health and water supply and environmental sanitation sector programmes have evolved from single-service vertical projects towards more integrated, district-based programme approaches. During the 1991-1992 period, the Government and UNICEF developed and launched a new expanded programme on AIDS communication aimed at prevention of HIV/AIDS among youth. This supplementary-funded project was approved by the Executive Board in 1992 (see E/ICEF/1992/P/L.33).

44. These changes have been pursued within the framework of the approved 1990-1995 country programme. UNICEF participation is changing from mainly one of an implementing agency, justified under emergency conditions, towards focusing more on capacity-building for the decade goals and sustainable human development. Thus, the evolution of the sectoral programmes has been documented carefully through annual programme reviews, project evaluations and joint Government/UNICEF task forces.

45. A mid-term review of the country programme in 1993 noted that a large number of significant achievements had been made and recommended ways further to improve the relevance, effectiveness and sustainability of UNICEF-supported activities. The recommendations focused primarily on linking the country programme with the national programme of action and decentralization processes; improving gender and cost-effectiveness aspects; and the need to mobilize more support for basic education, nutrition and deprived localities. Adjustment of the programme, in accordance with the recommendations, is under way and is being monitored through the annual programme review.

Health

46. The health programme has two principal areas of focus: reduction of dangerous diseases through EPI and CDD; and support to broader health management, capacity-building and efforts to increase access to services. EPI activities concentrate on sustaining UCI by improving cost-effectiveness

through, for example, integration with other health services and improving community-based health care systems. CDD activities focus on sustaining distribution of ORS and strengthening case management at health institutions, communities and households. Collaboration with TBAs and healers has been initiated successfully on a large scale. For malaria, the number one killer disease among both children and adults, UNICEF is primarily supporting testing of a strategy based on trials to improve control measures, such as impregnated mosquito nets.

47. In health management, UNICEF direct support to district health management is becoming a major vehicle for accelerating the decentralization of health services, according to the principles established in the Government's three-year health plan. UNICEF support to the Uganda Community-Based Health Care Association has been effective in bringing together the Government and all community-based health care partners in a unified approach and for sharing experiences and training materials. UNICEF also continues to support transport and maintenance in the health sector and various capacity-building initiatives with universities, which are improving local involvement in health policy, the development of methodology and analysis.

Water supply and environmental sanitation

48. The 1990-1995 country programme is supporting water supply and environmental sanitation activities under the national water supply and sanitation programme and the area-based south-west integrated health and water supply programme. During the 1990-1992 period, these programmes have improved access to safe water supplies for an estimated 2 million people; the promotion of environmental sanitation and hygiene education have accompanied water source development. UNICEF and the Danish International Development Agency are also involved in rural water supply and environmental sanitation. Close and constructive collaboration between these two organizations and the Government has resulted in improved policies, strategies and methodologies.

Nutrition

49. The land in Uganda is fertile, and, traditionally, nutrition and food production have not been seen as serious problems, except in drought situations. However, a nationwide survey in 1989 found that 45 per cent of all young children were stunted. This surprised many observers, and during the first part of the 1990-1995 country programme, considerable efforts were made to assess and analyse further the problems of child malnutrition. Surveys and studies of the prevalence and causes of protein-energy malnutrition and micronutrient deficiencies have been completed and will lead to preventive activities during the 1994-1995 period, with the intention of going to scale. Breast-feeding promotion and BFHI are being pursued actively.

Education, communication and control of acquired immunodeficiency syndrome

50. Education, communication and HIV/AIDS control form one joint programme area in the 1990-1995 country programme. Communication materials and methodologies are the common denominator of these activities, and UNICEF has been one of the major producers and promoters of health education and information materials.

The challenge now is to ensure that behavioural change will follow, and all programmes are reviewing and revising their approaches. With regard to HIV transmission, behavioural change is crucial, since it is the only means at present of containing the HIV/AIDS pandemic.

51. UNICEF support to basic education in Uganda has been concentrated on the development of "life skills" through schools and the development of adult literacy activities within the community development sector. In view of the continued low rates of literacy and primary school enrolment and completion, more efforts have to be made to accelerate progress towards EFA. With World Bank/United States Agency for International Development support, the Government is increasing funding for teacher training, textbooks and other important inputs to primary schools. UNICEF is exploring how to complement those efforts by mobilizing parental and community support for both schools and students.

Area-based integrated health and water supply and environmental sanitation programme

52. Ten districts in the south-west of Uganda are being supported through the south-west integrated health and water supply and environmental sanitation project. Originally established in the light of security problems, the project has evolved as an important vehicle to test strategies as well as technical and operational approaches before large-scale application. Following a joint Government, donor and UNICEF evaluation, there was a major reorganization of the project during 1993, and ways of accelerating decentralized capacity-building at district and subdistrict levels will now be explored.

Advocacy and gender

53. UNICEF has played a key role in promoting both the Uganda national programme of action, as well as the Convention on the Rights of the Child, to improve the situation of women and children by 2000. Uganda has managed its political and economic problems and has improved its human rights record. Consequently, Uganda is now attracting considerable support and sympathy from the international community, and the country is exercising more influence and leadership in the Organization of African Unity, the Preferential Trade Area of Eastern and Southern Africa and other African and international groups. The solid collaboration between UNICEF and the Government provides a strong platform for advocacy both internationally and within Uganda.

54. The 1990-1995 country programme for Uganda does not have a separate women's programme, but fully addresses gender concerns by supporting actions and services that are of high priority for women and supports women's participation in the planning and management of resources. In addition, UNICEF is pursuing close collaboration with and strategic support to the ministry responsible for women's affairs and NGOs actively addressing gender issues.

Collaboration with other agencies

55. Collaboration among donor agencies, and between the Government and NGOs, is well established in Uganda. Collaboration among donor agencies, which developed during the emergency, provides a foundation for the constructive exchange of

experiences and complementarity in support of social development. Efforts to operationalize the national programme of action and the Convention on the Rights of the Child are good examples of how bilateral and multilateral agencies and international and local NGOs can work together with the Government in research, planning, resource mobilization and implementation.

Breakdown of annual funding requirements

(United States dollars)

| Country | Current programme cycle | Approved general resources funding a/ | Additional funding proposed | | |
|---|---|---|---|---|---|
| | | | 1994 | 1995 | Total |
| Angola | 1991-1995 | 11 000 000 | 891 479 | 3 200 000 | 4 091 479 |
| Sao Tome and Principe | 1991-1995 | 2 500 000 | - | 411 687 | 411 687 |
| Swaziland | 1991-1995 | 2 500 000 | 169 340 | 750 000 | 919 340 |
| Uganda | 1990-1995 | 22 800 000 | 102 101 | 5 100 000 | 5 202 101 |
| Total | | | 1 162 920 | 9 461 687 | 10 624 607 |

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.

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